

EXHIBIT 17

Department of Homeland Security	<b>FORMAL COMPLAINT OF DISCRIMINATION</b> <b>IN THE FEDERAL GOVERNMENT</b>		(FOR AGENCY USE)
PRIVACY ACT STATEMENT (USC 552a)			
AUTHORITY:		Public law 92-261.	
Principle Purpose:		Formal filing of allegation of discrimination because of race, color, religion, sex, national origin, age, handicap, reprisal, or sexual orientation.	
Routine Uses:		This form and the information on this form may be used (a) as a data source for complaint information for production of summary descriptive statistics and analytical studies of complaints processing and resolution efforts and may also be used to respond to general requests for information under the Freedom of Information Act, (b) to respond to requests from legitimate outside individuals or agencies (e.g., Members of Congress, the White House, and the Equal Employment Opportunity Commission (EEOC)) regarding the status of the complaint or appeal; and (c) to adjudicate complaint or appeal.	
Disclosure:		Voluntary, however, failure to complete all appropriate portions of this form may lead to rejection of complaint on the basis of inadequate data on which to determine if complaint is acceptable.	
1. NAME OF COMPLAINANT (Last, First, Middle Initial)		4. ADDRESS (Include City, State and ZIP Code)	
WARE, RAYMOND E		1255 NUUANU, E 1212	
2. SSN		HONOLULU, HI. 96817	
3a. HOME TELEPHONE NO.		5c. IF YES, NAME, TELEPHONE AND ADDRESS OF REPRESENTATIVE.	
808-779-4298		Daphne E. Barbee	
3b. WORK TELEPHONE NO.		1188 Bishop #1909	
		Honolulu, HI 96813	
5. ARE YOU BEING REPRESENTED?		808-533-0275	
a. YES (complete 5c)			
b. NO (Skip to item 6a)			
6a. NAME OF DOT OPERATING ADMINISTRATION YOU BELIEVE DISCRIMINATED AGAINST YOU		7. DATE ON WHICH MOST RECENT ALLEGED DISCRIMINATION OCCURRED.	
TSA		11-26-03	
6b. ADDRESS OF ALLEGED DISCRIMINATION ORGANIZATION (Include City, State and ZIP Code)		8. ARE YOU WORKING FOR THE FEDERAL GOVERNMENT?	
HONOLULU INTERNATIONAL AIRPORT		a. YES (Complete items 9, 10 and 11)	
		b. NO (Skip to item 12)	
9. NAME OF AGENCY WHERE YOU ARE CURRENTLY EMPLOYED		11a. TITLE OF YOUR CURRENT POSITION	
TSA		CHECKPOINT SCREENING SUPERV.	
10. ADDRESS OF YOUR CURRENT EMPLOYER (Include City, State and ZIP Code)		11b. GRADE/SERIES OR PAY BAND.	
300 RODGERS BLVD. #5		GG	
12. REASON YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (Check below)			
<input checked="" type="checkbox"/> A. RACE (Specify) →		<input type="checkbox"/> F. SEX (Specify) →	
<input type="checkbox"/> B. COLOR (Specify) →		<input type="checkbox"/> G. DISABILITY (Specify)	
<input type="checkbox"/> C. RELIGION (Specify) →		<input type="checkbox"/> H. SEXUAL ORIENTATION	
<input type="checkbox"/> D. NATIONAL ORIGIN (Specify)		<input checked="" type="checkbox"/> I. REPRISAL (Specify protected activity)	
		Filed EEO complaints.	

13. I HAVE DISCUSSED MY COMPLAINT WITH AN EEO COUNSELOR

a. YES (Complete 13c)

b. NO

13c. IF YES, NAME OF EEO COUNSELOR

14. DATE OF FINAL INTERVIEW

15. EXPLAIN SPECIFICALLY HOW YOU WERE DISCRIMINATED AGAINST (That is, treated differently from other employees or applicants, because of your race, color, religion, sex national origin, age mental or physical handicap, or reprisal). (If your complaint involves more than one basis for your dissatisfaction list and number each such allegation separately and furnish specific, factual information in support of each). (Use additional sheet(s), if necessary).

Allegation No. 1:

On November 26, 2003, Sidney Hayakawa terminated me as a supervisory transportation security screener. I feel his termination was in retaliation of my prior EEO complaints on the basis of race discrimination. His reason in the letter, that I failed two tests for recertification, is pretextual and subjective. I trained other screeners who passed.

16. LIST IN ITEM 19 THE NAMES OF YOUR WITNESSES AND WHAT FACTUAL INFORMATION EACH WILL BE EXPECTED TO CONTRIBUTE THROUGH HIS/HER TESTIMONY TO THE INVESTIGATION OF YOUR COMPLAINT

17. WHAT SPECIFIC CORRECTIVE ACTION DO YOU WANT TAKEN ON YOUR COMPLAINT? (If more than one allegation state overall corrective action desired and the specific corrective action desired for each separate allegation).

Rehired, compensatory and punitive damages, lost wages, interest and other benefits which were lost as a result of the wrongful termination.

18. HAVE THE MATTERS LISTED IN ITEM 15 BEEN APPEALED TO THE MERIT SYSTEMS PROTECTION BOARD?

a. YES (Explain in number item 19)

b. No

19. REMARKS

Same witnesses as listed in my Sept. 8, 2003 EEO complaint, as attached.  
See attached.

20. SIGNATURE OF COMPLAINANT

21. DATE SIGNED (MM/DD/YYYY)

*Raymond E. Lane*

12/1-02-2004

### INFORMATION CONCERNING THE PROCESSING OF YOUR COMPLAINT OF DISCRIMINATION

This form will be used only if you, as a TSA employee or as an applicant for Federal employment, believe you have been treated unfairly because of your race, color, religion, sex, national origin, age, mental or physical disability, reprisal or sexual orientation. If you have questions concerning the completion of this form, you may call the TSA Civil Rights Office at (571) 227-2349.

Your written, formal complaint must be filed within 15 calendar days of the date of your final interview with the EEO counselor. This time may be extended if you can give a good reason for not submitting the complaint within the 15 calendar day limit.

If the matter has not been resolved to your satisfaction within 30 calendar days of your first interview with the EEO counselor and the final counseling interview has not been completed within that time, you have the right to file a formal complaint at any time thereafter up to 15 days after the final interview.

Your written formal complaint must be signed, dated and filed in person by you or your attorney or sent by mail to the U.S. Department of Transportation, Departmental Office of Civil Rights, 400 7th Street, S.W. Room 2104, Washington, DC 20590, Attention: Caffin Gordon, Chief, Compliance Operations Division (S-34).

You may have a representative at all stages of the processing of your complaint.